

APPLICATION FOR EVALUATION

ENVIRONMENTAL HEALTH SPECIALIST TRAINEE CERTIFICATION/REGISTRATION

INSTRUCTIONS

1. Complete this application and return with nonrefundable \$73.00 check or money order payable to the STATE DEPARTMENT OF HEALTH SERVICES (*no cash*).
2. Submit official college transcripts from **all** schools attended (*may be student-issued official transcripts*).
3. All information is mandatory in order to enable final determination of applicant's eligibility as an Environmental Health Specialist Trainee. The results of the evaluation will be mailed to you approximately one month after receipt of all required documentation.
4. SEND TO: STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, ENVIRONMENTAL HEALTH SPECIALIST REGISTRATION PROGRAM, MS396, P.O. BOX 942732, SACRAMENTO, CA 94234-7320, Telephone: (916) 324-8819.
5. This application will be valid for 30 months, after which reactivation will be necessary.
6. PLEASE NOTIFY THIS OFFICE OF ANY ADDRESS CHANGE. PLEASE PRINT OR TYPE.

PERSONAL DATA	Name - Last		First		Initial		Sex	<input type="checkbox"/> Male		Date of Birth	
								<input type="checkbox"/> Female			
	Address - Number/Street						Telephone - Home		Social Security Number		
						()					
City		State		Zip Code		Telephone - Work		Ext.			
						()					

EDUCATION	Name of College or University		Major Course of Study		From	To	Degree	Year Completed

Employment Experience: Begin with most recent position. Use a separate line for each promotion or other change in classification. Record ONLY professional experience in environmental health.				
Employer		Position Classification Title		To
If more space is needed, check here <input type="checkbox"/> and use reverse side.				

OTHER PROFESSIONAL	List professional certificates and licenses in environmental health including milk inspector license, sanitarian/environmental health specialist registration in other states and engineering registration.			
	Professional and Technical Associations: _____ _____			

Signature

Date

The information is requested by the State Department of Health Services (DHS) by the authority of the Health and Safety Code, Sections 106600, 106735. This information is mandatory and will enable DHS to determine if the applicant meets the educational requirements. Failure to submit the necessary information will result in the denial of the application. No Interagency or Intergovernmental transfers of this information will be made. For more information or access to your records, contact the Department of Health Services, Environmental Health Specialist Registration Program, MS396, P.O. Box 942732, Sacramento, CA 94234-7320, (916)324-8819.